

## BUNDLED SERVICES

Under the fee schedules, some services are considered “bundled” into the cost of other procedures and will not be separately paid. See WAC 296-20-01002 for the definition of a “bundled code.” Bundled services are listed with “Bundled” in the dollar value column in the “CPT & HCPCS Fee Schedule” section. They are also listed in **Appendix B** in the “Washington RBRVS Payment Policies” section.

## BUNDLED SUPPLIES

Under the fee schedules, many supply items are considered “bundled” into the cost of other services (associated office visits or procedures) and will not be paid separately. See WAC 296-20-01002 for the definition of a “bundled code.” Bundled supplies are listed with “Bundled” in the dollar value column in the “CPT & HCPCS Fee Schedule” section. They are also listed in **Appendix C** in the “Washington RBRVS Payment Policies” section.

## CASTING MATERIALS

Providers should bill for casting materials with HCPCS codes Q4001 - Q4051. The department no longer accepts codes A4580 and A4590 or 2978M - 2987M. **No payment will be made for the use of a cast room.** Use of a cast room is considered part of a provider’s practice expense.

## CATHETERIZATION

Separate payment is allowed for placement of a temporary indwelling catheter when performed in a physician’s office and used to treat a temporary obstruction. To bill for this service, use HCPCS code G0002.

Payment for the service is not allowed when the procedure is performed on the same day as, or during the postoperative period of, a major surgical procedure that has a follow-up day period.

For catheterization to obtain specimen(s) for lab tests, see “Pathology and Laboratory Services” in the “Specialty and Administrative Services” section.

## SURGICAL TRAYS AND SUPPLIES USED IN THE PHYSICIAN’S OFFICE

The department or Self-Insurer follows HCFA’s guidelines for determining if a procedure warrants separate additional payment for a surgical tray. HCFA generally assumes that the cost of the sterile trays is incorporated into the practice expense portion of payment for procedures.

Separate additional payment will be allowed for surgical trays only when they are used in conjunction with certain procedures performed in the physician’s office. When one of these procedures is performed in the physician’s office, the provider may report HCPCS code A4550, “surgical trays.” HCPCS codes A4263, A4300 and G0025 for supplies are paid using these same guidelines. A list of procedure codes for which a separate surgical tray or supply code may be payable can be found in **Appendix D** at the end of this section. *Please note special instructions for CPT codes 36533, 68761 and 95028.*

HCFA is gradually updating the practice expense components of the Relative Value Units (RVUs) over a four-year period. This action incorporates the surgical supply expense into the practice expense component of pertinent CPT procedures. At the end of the four-year transition period, the surgical supply expense will be fully incorporated into the practice expense portion of the fees for CPT surgical codes. As a result, the fees paid for HCPCS codes A4263, A4300, A4550 and G0025 will be reduced and phased out accordingly. The first price reductions for these codes occurred in 1999.